Name in Full Cornelius Adams

Certificate of Death

Died at Town Cornfield County St Mary's MARYLAND

Date 1898 Month Oct. Day 23

Age Y. 52 M. 3 D. 19

Native of U.S.

Occupation [illegible]

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 5

Husband of Wife [illegible]

Father's Name William Hart

Mother's Name Cornelius Sayer

Cause of Death Primary Phthisis 2 2a

How long sick 2 years

Immediate Injury

Accident, Suicide, Homicide

Reported by Robt. Walker M.D.

Address Cornfield Point St. Mary's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU.

Name in Full Lewis Claude Anderson

Certificate of Death

Died at 5th Dist Town County St. Mary's MARYLAND

Date 1895 Month 10 Day 2

Age Y. M. 11 D. 20

Native of

Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children liv~~ing

Husband of Wife

Father's Name Lewis Anderson

Mother's Name Jennie Anderson

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by St. Mary's Beacon

Address Leonardtown 10-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Certificate of Death

Mary Armstrong

Died at Town Nieconnii County St Marys MARYLAND

Date 1898 Month Octo Day 1 Age Y. 80 M. D. Native of Md Occupation Spinster

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Old age 171

Immediate

How long sick

Accident, Suicide, Homicide

Reported by H. C. Welch Undertaker

Address Chaptico St Mary's Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Jane Brooks

Certificate of Death

Died at Town Leonardtown County St Marys MARYLAND

Date 1898 Month Oct Day 23

Age Y. 38 M. D.

Native of

Occupation

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widow~~er

~~Divorced~~

Number of children living

~~Husband~~ Wife of Samuel Brooks

Father's Name

Mother's Name

Cause of Death Primary consumption

Immediate {2a

How long sick

Accident, Suicide, Homicide

Reported by Jos A. Dillow Undertaker

Address Leonardtown St Marys co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor

Name in Full William Spencer Buck - Certificate of Death

Died at Clements Town St. Marys - County MARYLAND

Date 1898 Month Oct. Day 22

Age Y. 18 M. D.

Native of Md.

Occupation Farmer -

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's Name Ferdinand Buck

Mother's Name Epiphanie Guy -

Cause of Death
Primary
Immediate Apoplexy -

42

How long sick 4 hours -

~~Accident, Suicide, Homicide~~

Reported by L. B. Johnson -

Address Morganza, Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full — Certificate of Death

Kate Burroughs

Died at — Town: Chaptico — County: St. Mary's — MARYLAND

Date 1898 — Month: Oct. — Day: 24th. — Age: Y. 46 M. D. — Native of: St. Mary's Co. — Occupation: Housekeeper

~~Male~~ — White — ~~Married~~ — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 3

~~Husband~~ of Wife: Aquila Burroughs

Father's Name: Don't Know — Mother's Name: Don't Know

Cause of Death — Primary: Phthisis 2 2 a — How long sick:

Cause of Death — Immediate: Diarrhoea — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Zach. R. Morgan, M. D.

Address: Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Gussie Butler

Certificate of Death

Died at Town Oakley County St. Marys MARYLAND

Date 1895 Month 10 Day 13 Age Y. 1 M. — D. — Native of Md. Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband / Wife of —

Father's Name [illegible] Butler Mother's Name Lillie Jones

Cause of Death Primary Pneumonia How long sick 14 days

Immediate 72

Accident, Suicide, Homicide

Reported by Robert H. Palmer M.D.

Address Coltons Point St. Marys Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Mrs Henrietta Forrest

Certificate of Death

Died at Town Sand Gates County St Marys MARYLAND

Date 1898 Month Oct Day 27 Age Y. 63 M. D. Native of Md Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife

Father's Name Edwin Plowden Mother's Name Y. C. Plowden

Cause of Death Primary Congestion of liver How long sick 5 days

Immediate Hemorrhage Accident, Suicide, Homicide

Reported by J. O. Tiny M.D. Jr

Address Oakville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Wm. Alfred Ferguson

Certificate of Death

Died at Town Hollywood County St Marys MARYLAND

Date 1898 Month Oct. Day 13 Age Y. 3 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Kate Thise

Father's Name James Ferguson Mother's Name Kate Thise

Cause of Death Primary Thrown from a horse ~~How long sick~~

Immediate Neck bone Broken

Accident, ~~Suicide, Homicide~~

Reported by J. O. King M.D.

Address Oakville Md

145 l

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full Morval Hugh Graves

Certificate of Death

Died at Town Sand Gates County St. Mary's MARYLAND

Date 1898 Month Oct. Day 15th. Age Y. 6 M. D. Native of St. Mary's Co. Occupation Going to school

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name N. Wilson Graves

Mother's Name Jennie Jones Graves

Cause of Death Primary Membranous Croup

Immediate Suffocation

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by Zach. R. Morgan, M.D.

Address Mechanicsville, St. Mary's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full T. C. Greenwell

Certificate of Death

Died at Town Oakley County St Marys MARYLAND

Date 1898 Month Oct Day 31

Age Y. 74 M. D.

Native of Md

Occupation Carpenter

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Dont Know

Father's Name Don't Know

Mother's Name Dont Know

Cause of Death Primary Paralysis 44

Cause of Death Immediate Pneumonia

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by Dr Walter B. Dent

Address Oakley St Marys Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Certificate of Death

Amanda Kidwell Herbert

Died at Town Clements County St. Mary's MARYLAND

Date 1898 Month Oct. Day 4 Age Y. 43 M. 3 D. - Native of Va. Occupation Housewf.

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of John T. Herbert -

Father's Name Geo. H. Kidwell Mother's Name Ann Kidwell -

Cause of Death Primary Pregnancy, Placenta Praevia How long sick

Immediate Haemorrhage Accident, Suicide, Homicide

6

Reported by L. B. Johnson, M.D. - 11

Address Morganza -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Henry Herbert

Certificate of Death

Died at Town Maddox County St Mary's MARYLAND

Date 1898 Month 10 Day 27 Age Y. 20 M. — D.

Native of Md Occupation oysterman

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Dont Know

Mother's Name Celia Herbert

~~How long~~ sick

Cause of Death Primary 148

Immediate Drowned

Accident, ~~Suicide, Homicide~~

Reported by A. C. McVeach Undertaker

Address Chaptico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Walter B. Langley

Died at Town St Inigoes County St. Marys MARYLAND

Date 189 8 Month Oct Day 5 | Age Y. 79 M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary / Immediate 161 -

How long sick

Accident, Suicide, Homicide

Reported by Beacon Leonardtown Oct 13

Address

Must be signed by physician, if any in attendance, otherwise by [illegible]er, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Certificate of Death

Mary J. Norris

Died at Town Leonardtown County St Mary's Co MARYLAND

Date 1898 Month Oct Day 12 Age Y. 68 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single ~~Widower~~ Number of children living

~~Husband~~ Widow of James W. Norris

Father's Name Mother's Name

Cause of Death Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Enterprise. Leonardtown. Oct 15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. [illegible]

Name in Full Certificate of Death

Un-named Child Norris

Died near Hollywood (Town) St Mary's Co (County) MARYLAND

Date 1898 Month Oct Day 16 Age Y. — M. — D. 4 Native of St Mary's Co Occupation ——

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living

~~Husband~~ of Wife — — — —

Father's Name Frederick A Norris Mother's Name Alice Norris

Cause of Death Primary Fatal Wound inflicted by midwife How long sick 4 days

Immediate Meningitis 118 Accident, ~~Suicide~~, ~~Homicide~~

Reported by J. T. Greenwell

Address Leonardtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Midwife evidently thought he was suffering from hernia but instead was opening into abdomen [illegible]

Name in Full Rosa Scott

Certificate of Death

Died at Town Bauvue County St Mary MARYLAND

Date 1898 Month Oct Day 22

Age Y. 40 M. D.

Native of

Occupation

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 9

~~Husband~~ Wife of B F T Scott

Father's Name William Dorsey

Mother's Name Rosa Stewart

Cause of Death

Primary Child's Birth

Immediate

118

How long sick

Accident, Suicide, Homicide

Reported by Jos A Dillow Undertaker

Address Leonardtown St Marys Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor

Name in Full Snowden Wood

Certificate of Death

Died at Town Laurel Grove County St. Mary's MARYLAND

Date 1898 Month Oct. Day 10 | Age Y. 52 M. D. | Native of St. Mary's Co. | Occupation Housekeeping

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Don't Know

Husband / Wife of Thomas Wood

Father's Name

Mother's Name

Cause of Death Primary Typhoid Fever | How long sick 3 weeks

Immediate diarrhoea | ~~Accident, Suicide, Homicide.~~

Reported by Fred. R. Morgan, M. D.,

Address St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.